STANDARD APPLICATION FORM

VACANCY DETAILS					
Job Title:			Post ref:		
Linwood School			How did you hear about this vacancy?		
PERSONAL	DETAILS	5			
Surname:			Forenames:		
Previous surname:		Preferred forename:			
Address:					
		Work phone no.			
		Home phone no.			
		Mobile phone no.			
Postcode:			Email:		
NATIONAL INSURANCE NUMBER					
ELIGIBILITY TO WORK IN THE UK					
Do you have permission to work in the UK?			Yes 🗌	No [
If no, please give details:					



Disability Confident Employer

This means that all disabled applicants who satisfy the minimum criteria will be offered an interview.

If you consider you have a disability within the provisions of the Equality Act 2010, please tick the box $\hfill \square$

CURRENT/MOST RECENT EMPLOYMENT				
Employer's name and address		Your job title:		
		Current salary:		
		Date appointed:		
		Notice period:		
Main duties:				
Reason for leaving:				
May we contact you at work if necessary?		Yes 🗌	No 🗌	





EMPLOYMENT HISTORY

PREVIOUS EMPLOYMENT HISTORY (most recent first)

We reserve the right to obtain references or to contact previous employers in addition to your named referees. **Please note:** for posts within children and young people services or adult regulated services, **please explain any gaps** *in your employment history.*

Employer's name and address, telephone number and email	Job title and brief description of duties	Date from/to DD/MM/YY	Reason for leaving

Please continue on a separate sheet if required

REFERENCES

Referees named on this form must be your current (most recent) and previous employer. If you have not previously been employed, or are returning to work after a substantial career break and are unable to provide previous employment references, please provide alternatives, e.g. the name of your course Tutor(s)/Head Teacher or a suitable professional. We may contact **referees prior to interview. If you do not wish us to contact the referee before interview please enter 'x' in the box.**

CURRENT (MOST RECENT) EMPLOYER	
Name (title, forename, surname)	Name (title, forename, surname)
Capacity known to you	Capacity known to you
Organisation	Organisation
Email:	Email:
Telephone Number:	Telephone Number:
Address:	Address:





EDUCATION/TRAINING

Please use the spaces below each question to state how your skills, experience and training meet the requirements of the job for which you are applying. The information you provide in these spaces will be used to assess your application and determine whether you are shortlisted for interview or not.

1.	Minimum of GCSE or equivalent in English and Maths – Desirable
	Do you feel you meet this criteria? Yes No
Но	ow do you meet this criteria:
2.	Studying for University Qualification in Psychology – Essential
	Do you feel you meet this criteria? Yes 🛛 No 🖾
Но	ow do you meet this criteria:
3.	Knowledge of different types of SEND – Essential
	Do you feel you meet this criteria? Yes □ No □
На	ow do you meet this criteria:
4.	Awareness of different strategies that could be used to help engage students – Essential
	Do you feel you meet this criteria? Yes \Box No \Box
На	by do you meet this criteria:
	w do you meet this chiena.
5.	Understanding of special educational needs and impact on learning including promoting
	independence and supporting students as they work towards employment – Desirable
	Do you feel you meet this criteria? Yes \square No \square
Ца	
пс	ow do you meet this criteria:





	EDUCATION/TRAINING
6.	Knowledge of safeguarding and child protection – Essential
	Do you feel you meet this criteria? Yes No
Ho	ow do you meet this criteria:
7.	Ability to establish positive working relationships within a workplace team – Essential
	Do you feel you meet this criteria? Yes D No D
Ho	ow do you meet this criteria:
8.	Ability to establish positive working relationships with students and engage and motivate
	them through learning – Desirable Do you feel you meet this criteria? Yes □ No □
Н	by you meet this criteria:
9.	Ability to observe, support and provide written and verbal feedback using clear and
	appropriate communication – Essential
.	Do you feel you meet this criteria? Yes No
н	ow do you meet this criteria:
10	Ability to be quick-thinking, resilient and be flexible – Desirable
	Do you feel you meet this criteria? Yes □ No □
Но	ow do you meet this criteria:
1	





EDUCATION/TRAINING

11.Commitment to high standards and continuous improvement – Desirable Do you feel you meet this criteria? Yes \Box No \Box

How do you meet this criteria:

12.Ability to be reflective and learn from constructive feedback – Desirable Do you feel you meet this criteria? Yes \Box No \Box

How do you meet this criteria:

OTHER SUPPORTING INFORMATION

Please record here any further information that you have not provided in the section above, which you feel supports your application.





EDUCATION/TRAINING

QUALIFICATIONS & PROFESSIONAL MEMBERSHIPS

Qualification and professional memberships obtained (including CIPD status if applicable)				
Dates	Dates Other training/short courses relevant to this position			

Please continue on a separate sheet if required

you related to a Councillor, School Governor or employee of the Council? Yes	No 🗌
es' please provide Name: Relationship:	
forms of canvassing will automatically disqualify candidates from appointment, e.g. you must not ask a vernor or employee of the Council to use their influence to help you get a job.	a Councillor, School
elected for interview, you must, at that stage, make known any personal or business relationship, whic e applied for.	ch may conflict with the
ou are selected for interview the Council would prefer to contact you by email. Please select: email	il 🗌 🛛 letter 🗌
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DATA PROTECTION LEGISLATION

The information you have provided will be held in compliance with the Data Protection Act 1998.

If you have previous Local Government service or other service which counts as continuous, the Council will seek confirmation from your last Authority of your date of employment for continuous service purposes, in the event of you being offered the post. The Council will also seek details of the number of day's sickness absence (not reasons) in the last 12 months, for the purposes of administering the Local Government Sick Pay Scheme. You are deemed to have given your consent by signing this application form.

DECLARATION

I declare that the information I have provided on this application form is full, accurate and complete and I understand that if I provide false information, or fail to provide full, complete and accurate information, this may lead to the decision that my application cannot be considered any further, the withdrawal of the offer of appointment, or to my dismissal, if I have been appointed. Any offer of employment is subject to receipt of satisfactory completion of recruitment checks applicable to the post.

Signature: ____

Please return your completed application form to:

Human Resources Linwood School Alma Road Bournemouth BH9 1AJ

Or by emailing <u>hr@linwood.bournemouth.sch.uk</u>





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Date: ___

CONFIDENTIAL

EQUAL OPPORTUNITIES MONITORING INFORMATION

The Council will seek to ensure that all existing and potential employees are given equal opportunities. We are committed to the elimination of unlawful or unfair discrimination and will seek to ensure that no applicant for employment is disadvantaged by conditions or requirements which cannot be justified.

In order to help the Council monitor the effectiveness of its Equal Opportunities Policy you are asked to provide the information requested below. This information is confidential and does not form part of your application. This slip will be detached from your application form upon receipt and the information will not be taken into account when making the appointment

If you are successful at interview and take up employment with the Council, the equal opportunities information you have provided will form part of your employment record and will be held and maintained in accordance with the Data Protection Act 1998

Name:
Post ref:
Service Unit/School:
Date of Birth:

GENDER

Male	
Female	
Non-binary	
Self-identify	

DISABILITY

Do you consider yourself to have a disability under the Equality Act 2010? A disability is defined as a 'physical or mental impairment which has substantial and long term adverse effects on the ability to carry out normal day to day activities'.

Yes	
No	
Prefer not to say	

For more details, please contact the Equal Rights Commission Helpline on 0845 604 6610

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NATIONALITY: _____

ETHNIC ORIGIN	
White	
British	
Irish	
Any other White background	
Mixed	
White and Black Caribbean	
White and Black African	
White and Asian	
Any other Mixed background	
Asian or Asian British	
Indian	
Pakistani	
Bangladeshi	
Any other Asian background	
Black or Black British	
Caribbean	
African	
Any other Black background	
SEXUAL ORIENTATION	
Heterosexual	
Bisexual	
Gay/Lesbian	
Prefer not to say	

RELIGION AND BELIEF

Agnostic	Atheist	
Baha'l Faith	Buddhism	
Christianity	Hinduism	
Islam	Jainism	
Judaism	Sikhism	
Zoroastriansim	Other	
None	Prefer not to say	

